

**RECEIVED
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OFFICIAL****PATENT
ATTORNEY DOCKET
NO. 99P07454US**#15
smc
3/18/04**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Shaffer, et al.

Serial No.: 09/246,409

Filed: February 8, 1999

Title: **SYSTEM AND METHOD FOR
IMPROVED HANDLING OF
THREADED MESSAGES**

Group Art Unit: 2645

Examiner: Ming Chow

Commissioner for Patents
P.O. Box 1450
Arlington, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION

The undersigned hereby certifies that this document is
being facsimile transmitted to the fax number and date
given below.Facsimile Number: 703-872-9306No. of Pages: RCE (2) = Total: 2Date Transmitted: March 16, 2004By: Vicki W. Chla
Vicki W. Chla**REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. §1.114**

Sir:

Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114,
for the above identified application.**TIME REQUEST IS BEING MADE**

1. This request is being submitted:
- i. ☒ **Prior to abandonment of the application**
 - ii. ☐ With payment of the issue fee
 - ☐ Prior to payment of issue fee
 - ☐ Issue fee has been paid but a petition under §1.313 has been granted
 - iii. ☐ Prior to a decision on appeal to the Board of Patent Appeals &
Interferences
 - ☐ A notice is being separately sent to the Board of Patent Appeals &
interferences that this Request for Continued Examination is being filed.

Serial No.: 09/246,409

Attorney Docket No.: 99P07454US

ENCLOSURES

2. Enclosed herewith is/are:

- ☐ A Petition for Extension of Time for 1 month(s).
☒ Please enter the Amendment filed **February 9, 2004**.
☐ Please enter the enclosed Preliminary Amendment.
☐ An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449 and
 __ references.
☐ New arguments
☐ New evidence in support of patentability
☐ Other:

FEES FOR REQUEST (37 C.F.R. §1.17(e))

3. ☒ Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):


For	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	x Rate	Additional Fees
Total Claims	20	-24	= 0	x \$ 18	\$ 0.00
Indep. Claim	2	-3	= 0	x \$ 86	\$ 0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim			+ \$290		\$ 0.00
			Basic Filing Fee		\$ 770.00
			Total		\$ 770.00

4. ☒ Please charge Deposit Account No. 19-2179 in the amount of \$770.00. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25.

PLEASE MAIL CORRESPONDENCE TO:

Respectfully submitted,

Siemens Corporation
 Attn: Elsa Keller, Legal Administrator
 Intellectual Property Department
 170 Wood Avenue South
 Iselin, NJ 08830


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